ACOD ETENTION LOSS

## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004   |  |                              |   |                      |              |                                   |                  | 10,562949              |            |                     |                        |
|--|--|------------------------------|---|----------------------|--------------|-----------------------------------|------------------|------------------------|------------|---------------------|------------------------|
|  |  | CLAIMS                       | AS FILED<br>(Cota   | ) - PART  <br>umn 1) |              | (Column 2)                        | SMALL EN         | ПҮ                     | OR         | OTHER               |                        |
| U.S. NATIONAL STAGE FEES   |  |                              |   |                      |              |                                   | RATE             | FEE                    | 1          | RATE                | FEE                    |
| BASIC FEE  |  |                              | SMALL ENT. = \$ 150   |                      | LAR          | GE ENT. = \$ 300                  | BASIC FEE        |                        | OR         | BASIC FEE           | 300                    |
| EXAMINATION FEE  |  |                              | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                        |                      |              | ther situations =<br>100 / \$ 200 | EXAM. FEE        | <b></b> -              | 1          | EXAM. FEE           | 200                    |
| SEARCH FEE   |  |                              | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |                      |              | ther situations = \$250 / \$ 500  | SEARCH FEE       |                        |            | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |                              | minus 100 =   |                      |              | / 50 ≐                            | X \$ 125 =       |                        | 1          | X \$ 250 =          | † -                    |
| TOTAL CHARGEABLE CLAIMS  |  |                              | minus 20 = .  |                      | •            |                                   | X \$ 25 =        |                        | OR         | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS   |  |                              | ∠ minus 3 = .   |                      | • `          | /                                 | X \$ 100 =       |                        | OR         | X \$ 200 =          | 20)                    |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PR                | ESENT   |                      |              |                                   | + \$ 180 =       |                        | OR         | + \$ 360 =          | 1                      |
| * If the difference in column 1 is less than zero, enter *0* in column 2 |  |                              |   |                      |              | olumn 2                           | TOTAL            |                        | OR         | TOTAL               | 102                    |
|  |  | (Column 1)  CLAIMS REMAINING |   | (Colum               | nn 2)<br>EST | (Column 3)                        | SMALL E          | ADDI-                  | OR         | OTHER<br>SMALL I    |                        |
| AMENDMENT A  |  | AFTER<br>AMENDMENT           |   | PREVIO PAID          | USLY         | EXTRA                             | RATE             | TIONAL<br>FEE          |            | RATE                | TIONAL                 |
|  | Total  | . /0                         | Minus   | **                   |              | -                                 | X \$ 25 =        |                        | OR         | X \$ 50 =           | 7                      |
|  | Independent                                    | 9                            | Minus   | ***                  |              | - /                               | X \$ 100 =       | 7                      | OR         | X \$ 200 =          | /                      |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                              |   |                      |              |                                   | + \$ 180 =       |                        | OR         | + \$ 360 =/         |                        |
| •  |  |                              |   |                      |              |                                   | TOTAL ADDIT. FEE |                        | OR         | TOTAL ADDIT.<br>FEE |                        |
|  |  | (Column 1)                   |   | (Colum               |              | (Column 3)                        |                  |                        | _          |                     |                        |
|  |  | REMAINING · AFTER AMENDMENT  |   | NUMB<br>PREVIO       | ER<br>USLY   | PRESENT<br>EXTRA                  | RATE             | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •                            | Minus   | **                   |              | 8                                 | X \$ 25 =        | V                      | OR         | X \$ 50 =           |                        |
|  | Independent                                    | •                            | Minus   | ***                  |              | B                                 | X \$ 100 =       |                        | OR         | X \$ 200 =          |                        |
| - 1  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                              |   |                      |              | +\$ 180 =                         |                  | OR                     | + \$ 360 = |                     |                        |
|  |  |                              |   |                      |              |                                   | TOTAL ADDIT.     |                        | L          |                     | 4_                     |

If the "Highest Number Previously Paid For" IN THIS SPACE to less than '20', enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.